cans who "do not believe in the inevitable war, do not believe in the inescapable disaster, do not believe that the destiny of the Republic is to resist history and to oppose it, do not believe that the appearance of Communism, or the rise of Russia, or the invention of atomic bombs, has changed the role this people has to play. There is a considerable body of Americans who believe that the great decisions of history are made not by death but by life, and that we have a stake in life, and a talent for life, and that it is there, in the shaping of a new world, that the talent can be used and that stake protected and the decision made." What is happening in Korea—whether we call it "war" or "police action" does not alter this conclusion. Rather, it illustrates a basically constructive approach, in which the United States and the United Nations have demonstrated their faith in the possibility of a world based on order and justice and freedom.

This is the faith which inspired us at Valley Forge, in the Wilderness, at Chateau-Thierry, and on the Normandy Beaches. It will be justified today, as it has been justified through the century and three-quarters of our Nation's history.

1. Magazine Section, *New York Times*. July 2, 1950.
2. *The Atlantic*, 185, 31. June, 1950.

EMOTIONAL PROBLEMS OF THE AGED

TWO outstanding trends in the public health program of today are interest in the problems of an aging population and increased emphasis on those factors which relate to emotional health. It is not always realized how vitally these two fields of interest overlap.

The special emotional hazards characteristic of advancing years have recently been discussed by Lemkau [1] and by Pollak [2] in monographs which will be found of great value by the public health nurse and the social worker. The hazards in question result from at least four major stresses:

a. Progressive handicaps. Year by year, and month by month, in senescence, there develop limitations on vision and hearing, reduction of physical activity and of endurance,[3] failure of memory and of effective coördination. The fact that these trends are all in one direction and that mitigation and temporary alleviation alone can be hoped for, makes them harder to bear.

b. Economic limitations. Retirement from productive earning means in most cases financial strains which call for difficult adjustments.

c. Lack of satisfying activity. In this highly specialized modern world, few of us—outside of our regular work—have interests and activities which can be pursued in the years of retirement, when such interests and activities are essential for a modicum of satisfaction.

d. Lack of social contact. As friends and companions and, finally, the husband or wife pass away, the world progressively narrows and lack of personal as well as vocational stimulus, create a dull and hopeless void.

Economic handicaps can only be solved—and are now being solved though in slight and inadequate degree—by provisions for social security. All the other problems discussed above are challenges to the public health worker.

The physical handicaps of later years can be materially alleviated, not only by the ophthalmologist and the audiologist but by an increasing range of specialized

medical services. It is easy to scoff at the money spent for eyeglasses under the English National Health Service Act; and provision of seeing and hearing aids may be inadequately safeguarded under that Act. Yet the cost of necessary eyeglasses should yield very high dividends in human efficiency. Sound procedures of rehabilitation, too, may do much to increase both the efficiency and the satisfaction of the aged.

Rehabilitation has also a major role to play in aiding the individual beyond middle life in the development of creative interests which make all the difference between frustration and satisfaction. Specialists in this area report striking results, often including the fostering of activities which yield substantial financial returns. In the spirit of true preventive medicine we might wisely pay attention to the development during the middle years of hobbies and interests which may provide the background for a useful and satisfying old age. We have accepted the idea that the young must be trained in school and college for adulthood. Should not attention be given to preparation of the adult for the last quarter of his life span? As Overstreet [4] points out, "We are beginning to realize that there are many things adults need to know and to do, even in their early adulthood, if their maturing years are to be a mounting satisfaction."

In all social planning, the provision of living conditions suitable for the aged should be given more serious consideration. Many European countries are far ahead of us in this regard. Our Committee on the Hygiene of Housing is now making a special study of this problem with the aim of planning housing accommodations suited for the one-person and two-person family, providing for the special needs of the later decades, not isolated in leper colonies but so planned that the aged can see perambulators as well as hearses when they look out of the window.

Finally—and most important of all—we must strive to provide a general emotional attitude toward the aged which will recognize the very real contributions which they can make to our social order. The domination of society by the "Old Man of the Tribe" has been certainly one of the most serious handicaps to progress in the past. It is this vicious extreme—characteristic of relatively primitive peoples—which lies at the basis of totalitarian societies like Hitler's Germany and Stalin's Russia. Yet we ourselves have gone too far in the other direction, in building a society in which all the kudos goes to youth. Overstreet [4] has pointed out that "the child is largely helpless"; that the adolescent looks at life "through a haze of uncritical enthusiasms and unsettling bewilderments"; and that "only when the person grows into adulthood has he at least a chance for a mature look at life." The aged have their handicaps. But, if their lives have been well spent, they have also vital contributions to make to society in accumulated experience and ripeness of judgment. The society of the future must recognize the value of these contributions and, when it does so, the emotional health of the aged and the soundness of society itself will be vastly improved.

Lemkau [1] cites the statements of two great men to illustrate what aging may mean when the elderly (and those associated with them) realize the positive assets which may accompany old age. G. Stanley Hall said "I am grateful to senescence which has brought me at last into the larger life of the new day which the young could never see and should never be asked to see."

Even more moving is the passage which Hans Zinsser puts into the mouth of the hypothetical person who symbolizes the author himself (at a time when Zinsser knew he had only months to live). "In the prospect of death," he says, "life

seemed to be given new meaning and fresh poignancy. It seemed, he said, from that moment, as though all that his heart felt and his senses perceived were taking on a 'deep autumnal tone' and an increased vividness. From now on, instead of being saddened, he found—to his own delighted astonishment—that his sensitiveness to the simplest experiences, even for things that in other years he might hardly have noticed, was infinitely enhanced."

For our own sakes, as well as for that of society as a whole, we would do well to recognize the assets as well as the liabilities of senescence; to train ourselves in middle-age for ripe and fruitful later years; to provide the medical and psychiatric and rehabilitative aids needed for "healthy aging"; and to regard the elderly not as outcasts but as essential and potentially valuable elements in the life of the family, the neighborhood, and the nation.

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1. Lemkau, P. V. *Mental Hygiene in Public Health.* New York: McGraw-Hill, 1949.
2. Pollak, O. Social Adjustment in Old Age. Social Science Research Council, 230 Park Avenue, New York 17. *Bull. 59,* 1948.
3. Accompanying a lowered metabolism, parallel to the decreased calorie-consumption noted by Dr. Ohlson in this issue of the *Journal.*
4. *In Living Through the Older Years.* Ed. by C. Tibbitts. Ann Arbor: University of Michigan Press, 1949.

THE COXSACKIE VIRUSES

WE discussed last month [1] the puzzling problems presented by a high degree of variability among viruses of the influenza group. Problems of a very similar nature have arisen during the past two years in relation to poliomyelitis.

Dalldorf and Sickles in 1948 [2] first called attention to this phenomenon in their study of an epidemic at the village of Coxsackie, N. Y. The disease in human beings was associated with destructive lesions of the skeletal muscles, the central nervous system being unaffected. The virus (recovered from the stools) had as one of its characteristics the power to induce paralysis in suckling mice and hamsters.

This new virus—or group of viruses, since at least two strains have been recognized—has since been isolated in Connecticut and Rhode Island and Delaware and from pooled fecal specimens collected in Ohio, North Carolina, and Texas as well as in Toronto.

The *Lancet* comments on these findings as follows: "It is evident therefore that infections with the Coxsackie group of viruses are widespread in North America. It remains to be seen whether the reported association of human poliomyelitis virus and Coxsackie virus in individual patients is commonly observed; it is certainly far from universal. The association raises some interesting questions. For example, is it possible that one infection immunizes against the other, or that one virus exerts an interfering or blocking effect on the other? The answers may solve several outstanding puzzles in the etiology, pathogenesis, and epidemiology of 'poliomyelitis.' Meanwhile there is more justification than ever for insisting that a diagnosis of poliomyelitis, especially the minor (abortive) or non-paralytic (meningeal) varieties, can only be tentative until confirmed by laboratory tests."

It is obvious that our summer outbreaks of poliomyelitis are frequently mixed epidemics, in which the Coxsackie group of viruses play a part. Dr. Dalldorf has